



KITTTITAS COUNTY COMMUNITY DEVELOPMENT SERVICES

411 N. Ruby St., Suite 2, Ellensburg, WA 98926
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Office (509) 962-7506

“Building Partnerships – Building Communities”

BINDING SITE PLAN

*(For divisions of property for purposes of lease or sale according to KCC Chapter 16.05.
This form is to be used for new binding site plans and for amendments to recorded binding site plans
(KCC 16.05.060.1))*

A preapplication conference is encouraged for this permit. The more information the County has early in the development process, the easier it is to identify and work through issues and conduct an efficient review. To schedule a preapplication conference, complete and submit a Preapplication Conference Scheduling Form to CDS. Notes or summaries from preapplication conference should be included with this application.

Please type or print clearly in ink. Attach additional sheets as necessary. Pursuant to KCC 15A.03.040, a complete application is determined within 28 days of receipt of the application submittal packet and fee. The following items must be attached to the application packet.

REQUIRED ATTACHMENTS

- Two large copies and one small 8.5” x 11” copy of a conceptual site plan including the following information (if appropriate to the project):
 - maximum number of dwelling units permitted;
 - approximate size and location of all proposed buildings;
 - approximate layout of an internal vehicular circulation system, including proposed ingress and egress;
 - location and size of utility trunk lines serving the site;
 - topography detailed to five-foot intervals.
- Project Narrative responding to Question 9 – 11 on the following pages.
- SEPA Checklist (if not exempt per KCC 15.04 or WAC 197-11-800)
 - Please pick up a copy of the SEPA Checklist if required

OPTIONAL ATTACHMENTS

(Optional at preliminary submittal, but required at the time of final submittal)

APPLICATION FEES:

\$1,910.00 Kittitas County Community Development Services (KCCDS)
 \$130.00 Kittitas County Fire Marshal
 \$275.00 Kittitas County Public Health

\$2,315.00 Total fees due for this application (One check made payable to KCCDS)

FOR STAFF USE ONLY

Application Received By (CDS Staff Signature): _____	DATE: _____	RECEIPT # _____	<div style="border: 1px solid black; width: 100%; height: 100%;"></div> <p>DATE STAMP IN BOX</p>
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- Certificate of Title (Title Report)
- Computer lot closures

GENERAL APPLICATION INFORMATION

1. Name, mailing address and day phone of land owner(s) of record:

Landowner(s) signature(s) required on application form.

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

2. Name, mailing address and day phone of authorized agent, if different from landowner of record:

If an authorized agent is indicated, then the authorized agent's signature is required for application submittal.

Agent Name: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

3. Name, mailing address and day phone of other contact person

If different than land owner or authorized agent.

Name: _____

Mailing Address: _____

City/State/ZIP: _____

Day Time Phone: _____

Email Address: _____

4. Street address of property:

Address: _____

City/State/ZIP: _____

5. Legal description of property (attach additional sheets as necessary):

6. Tax parcel number: _____

7. **Property size:** _____ (acres)

8. **Land Use Information:**

Zoning: _____ Comp Plan Land Use Designation: _____

PROJECT NARRATIVE

(INCLUDE RESPONSES AS AN ATTACHMENT TO THIS APPLICATION)

9. **Narrative project description (include as attachment):** Please include at minimum the following information in your description: describe project size, location, water supply, sewage disposal and all qualitative features of the proposal; include every element of the proposal in the description.

10. **Are Forest Service roads/easements involved with accessing your development?** Yes No (Circle)

If yes, explain: _____

11. **What County maintained road(s) will the development be accessing from?**

AUTHORIZATION

12. Application is hereby made for permit(s) to authorize the activities described herein. I certify that I am familiar with the information contained in this application, and that to the best of my knowledge and belief such information is true, complete, and accurate. I further certify that I possess the authority to undertake the proposed activities. I hereby grant to the agencies to which this application is made, the right to enter the above-described location to inspect the proposed and or completed work.

All correspondence and notices will be transmitted to the Land Owner of Record and copies sent to the authorized agent or contact person, as applicable.

Signature of Authorized Agent:
(REQUIRED if indicated on application)

Date:

X _____

Signature of Land Owner of Record
(Required for application submittal):

Date:

X _____
